Review of the Self Determination and Person-Centered Experience of Individuals Served in Training Centers Operated by DMHMRSAS

Office of the Inspector General
For Mental Health, Mental Retardation,
And Substance Abuse Services

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Section I

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Executive Summary

The Office of the Inspector General for Mental Health, Mental Retardation, and Substance Abuse Services (OIG) conducted a review of the five training centers operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) from April 22, 2007 to May 27, 2007. This project was selected in response to action by DMHMRSAS to establish the following goal:

> *Fully implement self-determination, empowerment, recovery, resilience and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, and SA services.*

This series of inspections examined the extent to which the experiences of individuals in the Virginia training centers reflect the principles of self determination, person-centered planning (PCP), and choice. Input to the design of the review was sought from a wide range of stakeholders including training center directors, family members, and community-based organizations. Other sources for input included members of the Person-Centered Planning Leadership Team, particularly the Evaluation and Quality Improvement Team and the Advisory Consortium on Intellectual Disabilities (TACID).

All of the inspections were unannounced and lasted from three to five days depending on the sample size of the facility. The inspection teams conducted 366 combined hours of observation in 123 residential units and observed 93 on-campus day activity classes within the five training centers. A sample of 271 randomly selected individuals was observed in the settings where the individuals spend the majority of their time, residential and on-campus day activity settings. This sample represents approximately 21% of the combined census designated as ICF-MR in the facilities. A subset of this sample (119 persons, 44% of the total sample) received a more intensive review that included interviews with staff that work closely with the individual and record reviews. OIG investigators also interviewed 311 staff members (including 173 direct care staff) and the executive team for each facility.

Through observations of the interactions between the selected individuals and the staff who support them, the OIG made a determination of the number and percentage of persons whose experiences reflected the principles of self determination, PCP, and choice. Additional related ratings were calculated for the subset population and for staff

values and beliefs. Information about each measure is included in the body of this report. The OIG made the following findings and recommendations:

Findings

Finding 1: The majority of observed interactions between staff and residents demonstrate only limited evidence of a self determined, person-centered environment. These interactions are more characteristic of care giving than person-centered supporting and teaching. The overall interactions observed in day activity settings show greater evidence of a person-centered experience than in the residential settings.

Community Integration

Finding 2: The training centers do not offer routine opportunities for each person to experience community integration through frequent exposure to settings, such as restaurants, parks, shops, and other service locations.

Finding 3: The majority of community outings occur in groups of three or more persons, which limit the personal integration experience of each individual and foster segregation rather than integration.

Community Participation

Finding 4: The majority of residents do not have opportunities to participate in community-based groups or events, such as recreational clubs, service organizations, and churches.

Relationships

Finding 5: Most of the facilities do not actively foster the development of supportive natural relationships for the persons they serve.

Valued Role

Finding 6: Most residents at the training centers are not actively supported in achieving a valued role in either the facility or the community.

Choice

Finding 7: Individuals residing at the training centers are provided with very limited opportunities for choice.

Health and Safety

Finding 8: The majority of goals and objectives developed for the persons in the training center focus on health and safety concerns.

Finding 9: Opportunities for residents to have new experiences that will enable growth and enhanced choice are significantly limited in the training centers because direct care staff fear disciplinary actions if residents are injured as a result of the inherent risks that accompany new learning experiences.

Support Planning and Decision-Making

Finding 10: The individuals served and their legally authorized representatives are not present at the annual individualized support planning meetings the majority of the time.

Finding 11: Representatives from the community services boards who have a key role as the bridging agent between the facility and the community are not actively involved with the persons served in the training centers.

Finding 12: Direct care staff are in attendance at the majority of ISP meetings in most of the training centers.

Finding 13: The majority of the records reflect a deficit-based, problem focused planning process instead of a process that makes the preferences and strengths of the resident central to the plan.

Staff Interviews Regarding Person-Centered Values and Beliefs

Finding 14: Staffs' very positive self rating of their confidence in understanding the principles of self determination and person-centered planning stands in contrast to the individual experience of self determination and person-centered planning which has been assessed by the OIG to be quite limited.

Finding 15: Direct care and administrative/professional staff express very mixed opinions regarding the effectiveness of the facilities in implementing self determination and person-centered practices.

Recommendations

Recommendation 1: It is recommended that each training center develop and implement a Comprehensive Facility Plan for Person-Centered Practices. The purpose of the plan will be to enhance the extent to which the experience of those individuals who are served is person-centered and reflects the principles of self determination and choice. The plan should be consistent with the recommendations of the Person-Centered Planning Leadership Team and identify specific measures that will be used to assess progress, be completed no later than July 15, 2008, and address:
- The role of senior leadership
- Workforce development
- Individual services planning
- Design of the individual resident record

- Resident activities and opportunities
- Relationship to the community
- Other areas as determined relevant to enhancing the self determination experience of those who are served by the facility.

Once the plan has been accepted by the OIG, it should be placed on the training center website in order to enable facility staff, residents and families, as well as community organizations to have access to the plan.

> ***DMHMRSAS Response:*** *The DMHMRSAS agrees that each Training Center operated by the Department will develop and submit a Comprehensive Facility Plan for Person-Centered Practices by July 15th, 2008. The plan will be consistent with the recommendations of the Person-Centered Planning Leadership team and will identify specific measures to be utilized in assessing progress and will address the following:*
>
> - *The role of senior leadership*
> - *Workforce development*
> - *Individual service planning*
> - *Design of the individual resident record*
> - *Resident activities and opportunities*
> - *Relationship to the community*
> - *Other areas as determined relevant to enhancing the self determination experience of those who are served by the facility.*
>
> *Following acceptance by the Office of the Inspector General the plans will be posted on facility websites in order to enable all interested parties to have access to the plans.*

Recommendation 2: It is recommended that each facility prepare a semiannual report that provides an update on progress toward all aspects of the Comprehensive Facility Plan for Person-Centered Practices and that this report is submitted to the OIG no later than the end of January and July of each year in 2009, 2010 and 2011.

> ***DMHMRSAS Response:*** *The DMHMRSAS agrees that all Training Centers will submit to the Office of the Inspector General semiannual reports in January and July of 2009, 2010, and 2011 that will provide an update on progress toward all aspects of the Comprehensive Facility Plan for Person-Centered Practices.*

Section II

Background of the Review

Authority of the Office of the Inspector General

The Office of the Inspector General (OIG) is established in the VA Code § 37.2-423 to inspect, monitor, and review the quality of services provided in the facilities operated by the Department of Mental Health, Mental Retardation & Substance Abuse Services (DMHMRSAS) and providers as defined in VA Code § 37.2-403. This definition includes all providers licensed by DMHMRSAS including community services boards (CSB) and behavioral health authorities (BHA), private providers, and mental health treatment units in Department of Correction facilities. It is the responsibility of the OIG to conduct announced and unannounced inspections of facilities and programs. Based on these inspections, policy and operational recommendations are made in order to prevent problems, abuses and deficiencies, and improve the effectiveness of programs and services. Recommendations are directed to the Office of the Governor, the members of the General Assembly, and the Joint Commission on Healthcare.

Selection of the Self Determination and Person-Centered Experience Review

This project was selected in response to action by DMHMRSAS to establish the following goal:

> *Fully implement self-determination, empowerment, recovery, resilience and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, and SA services.*

This series of inspections examined the extent to which the experiences of individuals in the Virginia training centers reflect the principles of self determination, person-centered planning (PCP), and choice. This project establishes a baseline for this important DMHMRSAS initiative in the state training centers against which future progress can be measured.

Input to the design of the review was sought from a wide range of stakeholders including training center directors, family members, and community-based organizations. Other sources for input included members of the Person-Centered Planning Leadership Team, particularly the Evaluation and Quality Improvement Team and the Advisory Consortium on Intellectual Disabilities (TACID).

Design of the Review

Defining Self Determination and Person-Centered Planning

The OIG began the review process by conducting an extensive literature search on the concept of self determination and the practice of person-centered planning. There are numerous resources available regarding various models of self determination and PCP and their applicability in creating individualized supports for persons in many different fields.

In addition, an OIG staff member participated in the work of the DMHMRSAS Person-Centered Planning Leadership Workgroup that was established in October 2006, in response to the OIG recommendation that DMHMRSAS, working with providers, "develop a model system for person-centered, consumer driven planning" (OIG Report #126-05 - Review of Community Residential Services for Adults with Mental Retardation and OIG Report #127-06 - Systemic Review of State-Operated Training Centers). This workgroup has been actively engaged in the development of a consistent approach to the provision of person-centered supports across the Commonwealth for individuals with intellectual disabilities. In designing this review, the OIG, where possible, utilized definitions, concepts, and evaluation methods that were developed and agreed upon by the Workgroup.

The framework adopted by the Workgroup for understanding self determination underscores the importance of building natural supports in every person's life. Self determination in this context involves understanding the values of each person, his family, his cultural heritage, and the community in which he lives. A self determined life is one that includes the following:

- **Community Integration**: There are two aspects to community integration which are important. These include having a *community presence* through ongoing and regular use of the "ordinary places" in the community such as restaurants, parks, shops, and other service locations; and having opportunities for *community participation.* Community participation involves individuals becoming a part of the mainstream of community life by being a full member. Active involvement in settings designed for work, play, and worship are examples of ways all individuals can interact with the community–at-large.
- **Choice:** Choice is central to person-centered practices. When provided with choices, people are able to gain a greater sense of control over their lives and routines, expand preferences, and enhance opportunities for learning.
- **Relationships**: Person-centered philosophy stresses the importance of each person having the opportunity to develop and sustain meaningful relationships with others, develop friendships, and relate to those not paid to work with them. Programs can enhance opportunities for individuals to establish relationships through active involvement with others in a variety of settings.
- **Valued role:** All people benefit from having the opportunity to make a contribution to their community that benefits themselves and others. This can

occur through volunteer work, employment, or through assisting in one's home or work settings.
- **Health and Safety**: Health and safety are foundational elements to a self determined life. It is important that health and safety concerns are considered when individuals with intellectual disabilities are provided with increased opportunities for learning and opportunities to navigate a variety of different environments.

PCP is defined as a way of discovering and crafting the kind of life a person desires, developing a plan for how it can be achieved, assuring access to needed supports and services through a shared commitment, and ongoing evaluation of the effectiveness of the plan that includes celebrations of achievements. PCP is increasingly considered one of the core components of any quality service delivery system. Refer to Appendix A for a detailed listing of characteristics of person-centered planning as outlined on the Person-Centered Planning Fact Sheet provided by the American Association on Intellectual and Developmental Disabilities (AAIDD).

The Self Determination and Person-Centered Experience Measure

In the state-operated training centers, the direct care staff have the most active contact and spend the most time with residents on a daily basis. Their skill, understanding, and attitude toward person-centered principles, as a result, are crucial to the success of the facility day-to-day implementation of person-centered practices. In order to assess the experiences of individual residents, OIG inspectors observed and rated the interactions between the direct care staff and the individuals, utilizing specific person-centered practices as the basis for the observations and ratings. A detailed explanation of the procedure that was used to calculate the score for each individual and the facilities is found in Section III of this report.

Other Assessments Associated with Self Determination and Person-Centered Planning

In addition to the observation of practices employed by staff in their interactions with individuals in both residential and day activity settings, the OIG developed five supplementary review methods for measuring the experience of self determination, PCP, and choice for those served in the training centers. These included:
- Interviews with direct care staff and facility case managers or QMRPs (Qualified Mental Retardation Professional)
- Review of the most recent annual individualized support plan (ISP)
- Completion of questionnaires by program staff followed by interviews
- Interviews with the senior leadership teams
- Review of facility mission and value statements, strategic plans, and job descriptions for direct care staff and frontline supervisors

OIG staff developed structured interview/observation instruments for each of these review methods. These instruments can be found with the website version of this report at www.oig.virginia.gov.

Process of the Review

The five Virginia training centers were reviewed on the following dates:
- Central Virginia Training Center (CVTC) in Lynchburg
  (April 22 – 25, and May 3, 2007)
- Northern Virginia Training Center (NVTC) in Fairfax (May 6 – 8, 2007)
- Southeastern Virginia Training Center (SEVTC) in Chesapeake
  (May 20 – 22, 2007)
- Southside Virginia Training Center (SVTC) in Petersburg (April 15 – 18, 2007)
- Southwestern Virginia Training Center (SWVTC) in Hillsville
  (May 13 – 15 and 27, 2007)

All of the inspections were unannounced and lasted from three to five days depending on the sample size selected for the facility. The inspection teams consisted of three to six inspectors. A sample of 271 individuals (21% of the combined ICR-MR residents of the five facilities) was selected randomly. Each individual was observed in his or her residential and day activity settings. The inspection consisted of 366 combined hours of observation in 123 residential units and 93 on-campus day activity classes. For a subset of 119 of the 271 individuals in the larger sample, a more intensive review was conducted. This included 238 interviews with direct care staff members who provide ongoing support to these persons and interviews with the facility case manager or qualified mental retardation professional (QMRP) who supports each of the same residents. Record reviews were also completed for this subset. The executive team for each facility was interviewed, and questionnaires were completed by 311 staff members, 173 of whom were direct care staff.

Population sample - The combined sample for all the training centers was 271 individuals classified at the ICF-MR level of care. The mean age for the sample was 45.9 years (range: 14 years to 88 years). Thirty-eight percent of the persons selected were female and 62% were male. The average length of stay was 9,211.6 days or approximately 25 years (Range: 27 days to 22,623 days). Fifty percent of the sample population had a dual-diagnosis of mental illness/mental retardation (MI/MR).

DEMOGRAPHIC PROFILE OF SAMPLE POPULATION BY FACILITY								
Facility	Sample Size	Female	Male	Age: Average	Age: Range	LOS: Average Days	LOS: Range In Days	Number Diagnosed MI/MR
CVTC	92	38	54	51.26	23 - 77	14,173	270 - 22,623	46
NVTC	39	15	24	42.05	30 -69	7,682	27 - 12,352	14
SEVTC	35	12	23	40.97	14 -88	6,601	36 - 10,776	27
SVTC	69	28	41	49.50	21 -84	10,179	102 - 13, 059	28
SWVTC	36	11	25	45.68	26 - 74	7,423	357 - 11,051	20
Combined	**271**	**104**	**167**	**45.892**	**14 - 88**	**9,211.6**	**27 – 22,623**	**135**

Staffing - The OIG inspection team(s) included John Pezzoli, Cathy Hill, and Jim Stewart and consulting staff Lisa Poe, Karen O'Rourke, Jonathan Weiss, and Ann White. Pat Pettie was responsible for database development, data entry, and presentation, working with Cameron Glenn. Cathy Hill, LPC served as Project Manager for this review.

Section III

The Self Determination / Person-Centered Experience
Outcome Measure

The principal objective of this Review of the Self Determination and Person-Centered Experience of Individuals Served at DMHMRSAS Operated Training Centers was to measure the extent to which the experiences of training center residents reflect self determination and choice. The OIG determined that the most appropriate indicator of this outcome would be observations of practices that reflect self determination, person-centered planning, and choice. These practices were identified through a review of the current literature and trainings conducted at each of the facilities over the past several years by Tom Pomeranz, Ed.D. Dr. Pomeranz is a nationally recognized consultant and trainer whose field of expertise centers on services for persons with disabilities. His involvement with the training centers has included a variety of staff training opportunities including the active coaching of staff through environmental observations. He is the creator of Universal Enhancements, which is an approach that "teaches strategies for promoting community participation and supporting people to have a quality life" (Pomeranz / Universal Enhancements, 2007).

Observations of the experiences and opportunities afforded each individual through their interactions with the direct care staff that support them, in the settings where they spend the majority of their time, was the basis for determining the individual's self determination and person-centered planning experience rating. This approach was selected because in the state-operated training centers the primary responsibility for supporting residents on a daily basis has been delegated to the direct care staff. Their skill, understanding, and attitude toward person-centered principles are crucial to the effective implementation of these principles. These staff have the most contact with the persons receiving services in the state-operated training centers.

For each individual, observations were conducted in both the residential and day activity settings. For those who were involved in off campus day activity programs, observations were only made in the residential setting. Inspector observations were guided by checklists of specific person-centered practices related to communication, supporting, respecting and choice. These groupings of practices replicate segments of training conducted by Pomeranz at the training centers in recent years. The Pomeranz training highlights these areas for the following reasons:

> Communicating: *Person-centered planning stresses the importance of communication in working with persons with disabilities. Pomeranz and his emphasis on "it's all in how you say it" illustrate how the use of language shapes behavior. In order for staff to assist the persons they support achieve greater independence, it is important that they first recognize the "personhood" of each individual. This starts with the use of People First language and speaking "with, not about" the person, as you would with a friend or coworker. Speaking to persons with limited verbal skills facilitates their use of sounds and language. It*

assists with bonding and strengthens the acknowledgement that they are first and foremost people.

Supporting: *Person-centered planning emphasizes an inclusion model of supporting a person in achieving a desired life through a focus on strengths, not on disabilities. This strengths-based focus begins with the belief that all people are capable of learning and growing when their needs and desires are matched with the right supports. In the day-to-day interactions, PCP stresses not doing "for" but doing "with" a person.*

Respecting: *Respecting an individual is another way of acknowledging his or her personhood. Pomeranz trainings include areas of respect or "disability etiquette" that are distinct from the use of respect inherent in both communicating with and supporting an individual.*

Choice: *Pomeranz training highlights that having opportunities to exercise choice is central to person-centered practices. When provided with choices, people are able to gain a greater sense of control over their lives and routines, expand preferences, and experience enhanced opportunities for living.*

A. Observations in Residential Settings

Each inspection began with observations in the residential settings. The reviewers visited 123 residential units across the five training centers and spent a combined total of 282 hours completing observations. (Some wings of units were combined when determined appropriate.) The observation period in each residential unit averaged between a half-hour and an hour. During the first two inspections, which occurred at the larger facilities (SVTC and CVTC), inspectors worked in pairs. The majority of observations in the three smaller facilities were conducted by a single inspector.

Observations of staff interactions with residents on the units were focused on specific individuals who had been identified in advance by the OIG. The inspectors completed a residential observational checklist for each of the 271 individuals in the sample by indicating on the checklist whether or not each person-centered practice had been observed. In addition, the inspector who observed each residential unit made an overall assessment of the extent to which the environment or experience of the individual in the unit was self determined or person-centered.

The chart below lists the specific practices that were observed and displays the percentage of observations in which the inspector found each practice to be present in the interactions between staff and the individual resident. The scores in this chart combine ratings from all five training centers. Detailed information for each of the five training centers can be found in Attachment B.

Percentage of Yes Observations For Person-Centered Interactions Between Direct Care Staff and The Sample Population In Residential Settings Among the Five Training Centers	
Observations of Staff Interactions With Selected Individuals Receiving Services	TOTAL
COMMUNICATING	
Staff do not speak for the person without first seeking permission to do so on his behalf. This occurs whether the person is capable of responding or not.	5%
Staff speak to the person in an age appropriate manner and tone.	71.3%
Staff maintain eye contact when conversing with the person.	68.8%
Staff ask the person's permission to share information about him	5.4%
Staff squat or sit when engaged in a conversation with someone in a seated position.	52%
Facial expressions of staff are appropriate to the situation and interaction.	85.3%
Staff engage in directive conversation.	53.8%
Staff engage in casual conversation.	47.3%
SUPPORTING	
Staff asks the person before supporting them.	10.8%
Staff provides the person with choices - whether they can respond or not.	32.3%
Staff explains to the person why they are engaging in any activity before starting, using as many senses as appropriate.	9.7%
Staff guide the person's hand to complete an activity - not do it for him.	20.8%
Staff celebrate even the smallest accomplishments.	28.3%
RESPECTING	
Staff move the person only after asking permission	4.7%
Staff are appropriately responsive to a person's request.	35.5%
Staff only wear latex gloves when engaged in biohazard related interventions	57%
Staff do not talk about the person in front of him	14.7%
Adults are not made to wear bibs	77.5%
Staff show respect by supporting a person in being well groomed.	90.7%
RESIDENTIAL ENVIRONMENT	
The person has his own bedroom.	14%
The bedroom door can be closed if the person desires	55.9%
Person can decorate the bedroom as he chooses	64.5%
The bedroom is a unique expression of the person. His likes and preferences are evident in the space.	36.2%
The person has a picture of someone who cares about him or that he cares about in his room	34.8%
Resident can have a full or other size bed if desired.	10%
Resident can decide the placement of his furniture.	42.3%

Communicating
- The overwhelming majority of residential staff (approximately 95%) did not seek permission from the person before sharing information about the individual and/or did not seek permission from the person to speak on his or her behalf. This occurred whether the person was capable of responding or not. In approximately 25% of the residential settings, staff voluntarily described individuals, often in the

person's presence, in behavioral terms, such as "he's a biter" or "she's our hugger".

- It was noted that staff did engage with residents in an instructional manner during approximately 54% of the interactions observed.
- Staff engaged in casual conversation with the person they were supporting slightly less than half of the time. OIG inspectors noted during unit observations that staff were more likely to be engaged in casual conversation with each other during interactions with the residents than with the person(s) being supported.
- Overall, there was far less communication between the staff and the persons they support than the OIG team judged appropriate or desirable. Staff were often observed silently performing tasks of daily living "for" the individuals rather than actively engaging "with" them to accomplish the same. This was particularly true for those individuals with limited verbal communication skills.
- When staff did engage in conversation with the residents, the manner in which they conversed was considered generally positive: 71% of the observations were age appropriate in manner and tone, eye contact was maintained with the individual in 69% of the observations, and facial expressions were appropriate to the situation and interaction in 85% of the interactions.
- Staff were observed squatting or sitting when engaged in a conversation with someone in a seated position in a little over half the observations (52%).

Supporting
- In the overwhelming majority of observed interactions (89%), staff failed to ask the person for permission before supporting them or initiating an activity.
- In 78% of the interactions in the residential setting, the individuals observed were not offered a choice regarding any aspect of the activity or support being provided.
- Staff failed to explain to the person why they were engaging in any activity before starting it in 90% of the interactions observed.
- Residential staff were observed guiding the person's hand to complete an activity in about one fifth of the interactions. Most of the time (79%) staff did not engage the person in any aspect of the activity, but did the task for the person.
- Residential staff were rarely observed (28%) celebrating with the persons they supported, even when the smallest accomplishments were achieved.
- In the majority of interactions observed, direct care staff functioned as caregivers when interacting with the persons they support instead of as teachers. Staff approached their interactions with a focus on the task needing completion, such as during meals, dressing, and/or grooming, instead of providing the person with opportunities for inclusion and learning.

Respecting
- Universal enhancements maintain that one way of demonstrating respect is by assisting persons with their personal grooming. Helping individuals to look good "in the eyes of others" is a way of supporting them in developing positive relationships and diminishing stigma and stereotypes. The OIG inspectors saw

little evidence that direct care staff actively assist the persons they serve in addressing their own personal care needs.

- Staff engaged in conversation about the person in front of the individual 85% of the time in the residential settings. These occurred either with each other or members of the inspection team.
- The persons being served were not made to wear bibs, except during meals, in 78% of the observations which occurred in the residential settings.

Residential Choices

- In the state operated training centers, only 14% of the persons served have their own bedrooms. OIG inspectors learned that in most cases opportunities for having one's own room are primarily based on clinical and behavioral concerns rather than personal choice.
- When touring each person's personal space, there were pictures of someone who cares about the resident or that s/he cares about in a little more than a third of the rooms.
- Even though many of the rooms were decorated with homelike touches, the OIG inspectors discovered through interviews with residential staff that the bedroom areas were considered a unique expression of the person in only about a third of the rooms.

Overall Residential Unit Observations

- While staff frequently took the time to introduce the OIG team to the other staff members present as the team entered the unit, in over three-fourths (77%) of all the areas toured staff failed to extend the courtesy of introductions to the persons they support.
- In 97% of all the areas toured staff failed to inform the individuals of the purpose of the OIG visit.
- Individuals were supported in introducing themselves in 29% of the areas toured.
- OIG inspectors noted that staff provided residents with choices when engaging with them in only half of the residential units toured.
- In 50% of the residential areas staff were noted supporting the residents to interact with each other. In approximately the same number of residential units, staff encouraged the residents to actively assist in household activities, such as setting the table, or cleaning up after meals.
- In the instances when staff were overheard asking residents about more intimate personal care needs ($n = 147$), the majority of staff (77%) communicated in a manner that did not afford the person maximum privacy nor was consistent with the person's age. For example, staff frequently would ask the person in a loud tone, "Do you need to go to the bathroom?" or state aloud, "We need to go to the restroom. You've had an accident".

B. Observations in Day Activity Settings

The reviewers visited 93 day activity settings across the five training centers and spent a combined total of 84 hours completing the observations. Observations in the day activity

settings were linked to the individuals observed on the previous day in their residential setting. For each individual, the inspectors completed an observational checklist and established a qualitative rating for the observations. Each day activity was observed by a single inspector.

Of the 271 selected individuals, 34 or approximately 12% received their day activity services in community-based settings off campus. This number included:
- NVTC - 24
- SEVTC - 5
- SVTC - 4
- SWVTC - 1
- CVTC - 0

Observations were not made for the individuals in off-campus programs. They were given a maximum rating for the day activity experience because of their already established involvement in the community.

The chart below lists the specific practices that were observed and displays the percentage of observations in which the inspector found each person-centered practice to be present in the interactions between staff and the individual resident. The scores in this chart combine ratings from all five training centers. Detailed information for all five training centers can be found in Attachment C.

Percentage of Yes Observations For Person-Centered Interactions Between Direct Care Staff and The Sample Population In Day Activity Settings Among the Five Training Centers	
Observations of Staff interactions With Selected Individuals Receiving Services	TOTAL
COMMUNICATING	
Staff do not speak for the person without first seeking permission to do so on his behalf. This occurs whether the person is capable of responding or not.	8.4%
Staff speak to the person in an age appropriate manner and tone.	87.9%
Staff maintain eye contact when conversing with the person.	76.6%
Staff asks the person's permission to share information about him	5.1%
Staff squat or sit when engaged in a conversation with someone in a seated position.	60.3%
Staff communicate in a respectful manner	92.5%
Facial expressions of staff are appropriate to the situation and interaction.	93.9%
Staff engage in directive conversation.	62.6%
Staff engage in casual conversation.	49%
SUPPORTING	
Staff ask the person before supporting them.	15%
Staff provides the person with choices - whether they can respond or not.	39.3%
Staff explains to the person why they are engaging in any activity before starting, using as many senses as appropriate.	16.8%
Staff foster independence by encouraging the person to complete the activity on their own, while attending to their vulnerabilities.	58.2%
Staff guide the person's hand to complete an activity, not do it for him.	43%
Staff teach instead of correcting by supporting the person in performing the task instead of just saying don't.	43%
Staff celebrate even the smallest accomplishments.	52.8%
RESPECTING	
Staff move the person only after asking permission	6.5%
Residents in wheelchairs are asked which way they want to face when placed at rest.	1.9%
Staff are appropriately responsive to a person's request.	29.1%
Staff do not talk about the person in front of him	19.6%
Staff model appropriate behavior - they do not tell a person how to behave	31.9%
Staff show respect by supporting a person in being well groomed.	88.7%

Communicating
- Approximately 95% of the day activity staff did not seek permission from the person before sharing information about the individual and 92% did not seek permission from the person to speak on their behalf.
- Staff engaged with residents in an instructive manner during approximately 62% of the interactions observed.
- Staff spent time explaining to the person why he or she was engaging in an activity before starting it in less than 20% of the interactions.

- Overall, there was far less instructional communication between the staff and the persons they support than the OIG team judged appropriate or desirable.
- Staff engaged in casual conversation with the person they were supporting about half of the time (49%). OIG inspectors noted that the limited amount of casual conversation in the day activity settings seemed more appropriate than that which occurred in the residential settings since the primary focus was on completing the assigned tasks for skill development.
- As with the residential settings, when staff did engage in conversation with the residents, the manner in which they conversed was considered generally positive: 88% of the observations were age appropriate in manner and tone, eye contact was maintained with the individual in 77% of the observations, and facial expressions were appropriate to the situation and interaction in 94% of the interactions.

Supporting
- In the majority of observed interactions (85%), staff failed to ask the person for permission to initiate a support or activity.
- In 60% of the day activity settings, the individuals observed were not offered a choice regarding any aspect of the activity they were completing.
- Staff in the day activity settings were observed taking the time to explain to the person the activity or support before initiating it in approximately 17% of the interactions observed.
- In 43% of the observations, staff were observed including and supporting a person in completing an activity by guiding their hand to accomplish a task when needed.
- In slightly more than half of the observations (58%) in the day activity settings, staff were observed making efforts at fostering independence by creating a balance between physically supporting the person and verbally coaching them to complete a task on their own.
- Staff in the day activity settings were observed celebrating with the persons they supported even the smallest accomplishments achieved in 53% of the interactions observed.

Respecting
- Staff engaged in conversation about the person in front of the individual approximately 80% of the time in the day activity settings.
- The majority of staff (78%) did not first seek the permission of a resident in a wheelchair who needs support for mobility before moving the individual to another location ($n = 202$).
- Residents in wheelchairs who need support for mobility were asked which direction they wanted to face when placed at rest in only 2% of the observed interactions ($n = 103$).
- When observed, the majority of staff appropriately supported a person with mobility challenges to ambulate. However, residents were "towed" by staff in slightly over a quarter of the observations (29%).

C. Calculating the Self Determination / Person-Centered Experience Score

Scores on the two observational checklists (residential and day activity), combined with overall quality ratings by the inspectors, form the basis for the outcome measure score: the percentage of persons whose experience reflects self determination, person-centered planning, and choice.

The combined score was calculated as follows:
1. For each individual in the sample, the total number of "yes" answers on the residential observation checklist sheet was tallied and divided by the total number of items on the checklist to obtain a percentage of practices that were observed to be present in the residential setting. For each individual, the percentage of practices that were observed to be present was then converted to the following rating system. See Attachment D for a full explanation of this rating system.
    a. Rating of 4 - full self determined – person centered experience
    b. Rating of 3 - a good experience
    c. Rating of 2 - a limited experience
    d. Rating of 1 - a very limited self determined or person centered experience.

    In addition, the inspector who observed each residential unit made an overall qualitative rating of the extent to which the environment and experience of the individual in the unit was self determined and person-centered. This assessment was based on the same four point scale.
    Both measures for each individual, 1) the rating of the percentage of practices that were observed to be present and 2) the overall qualitative rating by the inspector, were then combined to obtain a Residential Rating Score for each person.
2. This scoring process was repeated with the information that was captured on the day activity observational checklist and the overall qualitative ratings that were made by the inspectors in the day activity programs to provide a Day Activity Rating Score for each person. For those individuals whose day activity setting was primarily community-based, a rating of 4 was assigned automatically.
3. The two elements, 1) residential rating score and 2) day activity rating score, were then matched for each of the 271 residents in the sample and combined to yield the Self Determination / Person-Centered Experience score for each individual.

D. The Self Determination / Person-Centered Experience Score

There were 31 persons (11%) who had a combined score on their residential and day activity observations that resulted in a rating of 3.0 or above. The average rating for all 271 of the individuals in the sample was 1.92 and the median rating was 1.75.
- No one in the state operated training centers was determined to have a fully developed person-centered experience with rating of 4 for both settings.
- There were 240 persons (89%) who had a combined score on their residential observation and day activity sheets that resulted in a rating of below 3.0.

- The majority of persons observed (149 or 55%) were rated as having a very limited or no person-centered experience (overall rating of 2.9 or below) in the residential and day activity settings where they spend the majority of their time.
- Seventy individuals (25.8%) in the day activity settings and 22 individuals (8.1%) in the residential settings were judged to have either a fully developed or good person-centered experience (rating of 3 or above).
- The person-centered ratings were generally higher in the day activity settings than in the residential settings.
- NVTC had the highest percentage of individuals with a good or fully developed person-centered experience in day activities (76.9%).
- SWVTC had the highest percentage of individuals with a good or fully developed person-centered experience in residential settings (27.8%).

The table below displays the Self Determination / Person-Centered Experience Outcome Score with a rating of 3.0 or higher for the five training centers combined and for each facility individually.

Rating and Distribution of Combined Person-Centered Planning Scores (N=271)					
Facility	Number of Individuals in Sample	Number of Individuals with Rating of 3.0 or Above	Percentage of Individuals with Rating 3.0 or Above	Number of Individuals with a Rating below 3.0	Percentage of Individuals with Rating below 3.0
Combined	271	31	11.4%	240	88.6%
CVTC	92	0	0.0%	92	100.0%
NVTC	39	17	43.6%	22	56.4%
SEVTC	35	7	20.0%	28	80.0%
SVTC	69	2	2.9%	67	97.1%
SWVTC	36	5	13.9%	31	86.1%

The following table presents the Self Determination / Person-Centered Experience Score within each rating category for the five training centers combined and for each facility individually. More detailed information for each facility can be found in Attachment E.

Combined Rating Ranges and Distribution of Individuals by Facility								
	CVTC	NVTC	SEVTC	SVTC	SWVTC		TOTAL	% OF TOTAL
Rating 4: Number of persons with fully developed person-centered experience in both settings	0	0	0	0	0		0	0
Rating 3: Number of persons with good person-centered experience in both settings	0	17 (44%)	7 (20%)	2 (3%)	5 (14%)		31	11%
Rating 2: Number of persons with basic person-centered experience in both settings	13 (14%)	18 (46%)	25 (71%)	9 (13%)	26 (72%)		91	34%
Rating 1: Number of persons with limited or no person-centered experience in both settings	79 (86%)	4 (10%)	3 (9%)	58 (84%)	5 (14%)		149	55%

Finding 1: The majority of observed interactions between staff and residents demonstrate only limited evidence of a self determined, person centered environment. These interactions are more characteristic of care giving than person-centered supporting and teaching. The overall interactions observed in day activity settings show greater evidence of a person-centered experience than in the residential settings.

- Staff in the day activity settings (43%) were better at including and supporting a person in completing an activity by guiding their hand to accomplish a task when needed than were the residential staff (21%).
- Staff in the day activity settings were observed taking the time to explain to the person the activity or support before initiating it in only 17% of the interactions observed. The frequency in the residential setting was just 10%.
- In slightly more than half of the observations (58%) in the day activity settings, staff were observed making efforts at fostering independence by creating a balance between physically supporting the person and coaching them to complete a task on their own.
- Staff in the day activity settings were almost twice as likely to be observed celebrating with the persons they supported even the smallest accomplishments achieved (53%) than the staff in the residential settings (28%).
- Staff engaged with residents in an instructional manner with greater frequency in the day activity settings (63%) than in the residential settings (54%).

Section IV

Other Assessments Associated With Self Determination, Person-Centered Planning, and Choice

A. Resident Specific Assessment

A subset of 119 individuals (44%) from the original sample population of 271 was randomly selected for a more detailed focus. This phase of the review involved interviews with staff who directly support each individual (238 staff interviews), and matched record reviews.

- Staff Interviews. Separate individual interviews were conducted with a direct care staff member who provides ongoing support to the person and each person's facility case manager or qualified mental retardation professional (QMRP). A 10 item questionnaire was developed by the OIG, which focused on issues such as resident choice and decision-making, individualized support plan (ISP) goals, community involvement, relationships, and preferences.
- Record reviews. The primary focus of the record reviews was the person's most recent annual ISP and its corresponding materials. Residents' records were also the source for data about community outings and contacts. The ICF/MR annual planning requirements include components of active treatment such as assessment, planning and implementation, documentation of change or data management, and monitoring of any needed changes.

Community Integration

Finding 2: The training centers do not offer routine opportunities for each person to experience community integration through frequent exposure to settings, such as restaurants, parks, shops, and other service locations.

- Record reviews revealed that the majority of residents (62%) do not have specified goals in their individualized service plans that focus on community integration through outings.

Percentage of Individualized Support Plans With Specific Goals for Community Integration Goals				
	Plans That Contain Goals For CI	%	Plans That Do Not Contain Goals For CI	%
CVTC	1	3	32	97
NVTC	3	28	8	72
SEVTC	9	45	11	55
SVTC	14	45	17	55
SWVTC	17	77	5	23
TOTAL	44	38%	73	62%

- Nineteen percent of the sample population subset did not have any documented community outings during the 3rd quarter of FY2007 (January – March)
- The majority (66%) experienced fewer than five outings during the same ninety day period.

Number of Residents That Participated in Community Outings During the 3rd Quarter FY2007										
Number of Outings	**0**	**%**	**1**	**%**	**2-5**	**%**	**6-9**	**%**	**10 or more**	**%**
CVTC	5	15%	6	17%	17	50%	3	9%	3	9%
NVTC	2	18%	1	9%	2	18%	2	18%	4	37%
SEVTC	1	5%	1	5%	3	15%	5	25%	10	50%
SVTC	11	35%	7	23%	10	32%	3	10%	0	0%
SWVTC	3	14%	1	5%	7	31%	5	23%	6	27%
TOTAL	22	19%	16	14%	39	33%	18	15%	23	19%

- Only 21 of 238 staff members interviewed (9%) reported they had participated in a community outing or spent any time with the person(s) they support in the community during the work week preceding the interview.
- Direct care staff identified staff turnover and lack of staff as the most significant barriers to providing the residents with opportunities for community integration.
- Administrative and professional staff identified limited community resources, lack of staffing, and community attitude about persons with disabilities as the most significant barriers to greater community integration.
- Institutional practices limit opportunities for activities in the community. For example, almost all residents have their hair cut and styled either on their units or in salons located on campus instead of developing opportunities for this to occur in the community.

Finding 3: The majority of community outings occur in groups of three or more persons, which limit the personal integration experience of each individual and foster segregation rather than integration.
- Seventy-two percent of all outings during the 3rd quarter of FY 2007 occurred in groups of 3 or more.

Number of Outings During the 3rd Quarter of FY2007 That Occurred in Groups of 3 or More				
	Total # of Outings of Sample Group	Number of Outings Per 10 Residents in the Sample	Number of Outings In Groups of 3 or more	% of Total Outings In Groups of 3 or more
SEVTC	321	160.5	249	78%
NVTC	168	152.7	165	98%
SWVTC	157	71.6	95	61%
CVTC	135	40.9	52	39%*
SVTC	57	18.3	41	72%
TOTAL	838	71.6	602	72%

* Interviews with CVTC Social Workers and QMRPs revealed that most outings that occur in small groups are with one person for discharge planning

- Each facility relies primarily on large vans to transport residents to community activities. Several facilities reported that they have limited options and/or resources for obtaining smaller vehicles, which would enable more individualized community integration experiences.

Community Participation

Finding 4: The majority of residents do not have opportunities to participate in community-based groups or events, such as recreational clubs, service organizations, and churches.

- Activities that could be utilized in the community to build natural supports continue to be provided in the facility setting. For example, the majority of residents attend worship services on campus instead of being connected to community churches that often provide a host of social opportunities as well as worship services.
- Only 31% of residents were identified as having participated in a community based group or in events offered through organizations such as local libraries, or the YMCA.
- Of all the community based events or groups the residents participated in during the reporting period, 87% were in settings that served both disabled and non-disabled persons.
- When asked the question," The persons I serve deserve to participate in community outings", the vast majority of direct care staff (91.4%) as well as all other staff (92.8%) responded affirmatively. Nearly as many (74%) of the direct care staff and 76.8% of all other staff responded affirmatively to the statement, "The persons I serve are able to participate in community outings".
- Record reviews revealed that the majority of residents (87%) did not have specific goals for community participation outlined in their ISPs. Even though a number of residents participate in community-based day activity programs, specific goals

that targeted the desired result for participation in these settings were not always located in the individuals ISP.

Number of Individualized Support Plans With Specific Goals for Community Participation Goals				
	Plans That Contained Specific Goals For CP	%	Plans That Do Not Contain Specific Goals For CI	%
CVTC	0	0%	33	100%
NVTC	0	0%	11	100%
SEVTC	4	21%	15	79%
SVTC	6	19%	25	81%
SWVTC	5	23%	17	77%
SYSTEM TOTAL	15	13%	101	87%

Relationships

Finding 5: Most of the facilities do not actively foster the development of supportive natural relationships for the persons they serve.

- Direct care staff identified members of the facility community, either other residents or staff, as the primary sources of friendship for the individuals they support. However, many of the staff who were interviewed reported to the OIG that they had not ever considered potential sources of friendship for the persons they serve prior to being asked about this by the OIG. This table identifies the reported sources for establishing a "best friend" for the residents.

Sources for the Establishment of A Best Friend As Reported by Direct Care Staff						
	None	Other Residents	Staff	Family	Community Member	Other Source
CVTC	9 (26%)	7 (21%)	16 (47%)	1 (3%)	0 (0%)	1* (3%)
NVTC	3 (27%)	5 (46%)	3 (27%)	0 (0%)	0 (0%)	0 (0%)
SEVTC	3 (15%)	2 (10%)	13 (65%)	2 (10%)	0 (0%)	0 (0%)
SVTC	15(48%)	9 (29%)	5 (16%)	2 (7%)	0 (0%)	0 (0%)
SWVTC	6 (27%)	5 (23%)	9 (41%)	2 (9%)	0 (0%)	0 (0%)
TOTAL	36	29	46	7	0	1
Percentage of Total	30%	24%	39%	6%	0%	1%

* A doll was identified as one person's best friend.

- Staff were unable to identify a single source as a "best friend" for 30% of the residents reviewed.
- None of the residents were identified as having developed a relationship that could be considered a "best friend" with an individual in the community outside of family relationships.
- Residents of the training centers had few documented social opportunities to interact with or develop relationships with residents that do not reside on their living areas.

Number of Residents With Documented Opportunities To Interact With Residents In Other Living Units On Campus				
Number of Opportunities	**0**	**1**	**2-5**	**> than 5**
CVTC	15 (42%)	10 (29%)	8 (23%)	2 (6%)
NVTC	4 (36%)	2 (18%)	2 (18%)	3 (28%)
SEVTC	12 (60%)	0 (0%)	4 (20%)	4 (20%)
SVTC	22 (71%)	6 (20%)	1 (3%)	2 (6%)
SWVTC	1 (5%)	3 (14%)	12 (54%)	6 (27%)
TOTAL	**54**	**21**	**27**	**17**
Percentage of Total	**45%**	**18%**	**23%**	**14%**

- Of the 119 residents in the subset, only 9 were identified as having been visited by a person from the community other than his or her own family members. Most of these individuals resided at SWVTC where a community partnership program has been initiated. This program matches interested volunteers from the community who are willing to befriend a resident and maintain regular contact, including visits.
- Sixty-six percent of the residents were not visited by a member of their family during the 3rd quarter of FY2007.
- The majority of residents (87%) did not have the opportunity to visit with their family in the community during the same ninety-day period.

Residents and Family Visitations During the 3rd Quarter FY 2007								
	Number of Residents Visited By Their Family				Number of Residents Visiting Their Family In the Community			
	0	1	2-5	> 5	0	1	2-5	> 5
CVTC	27 (77%)	5 (14%)	3 (9%)	0 (0%)	34 (97%)	0 (0%)	1 (3%)	0 (0%)
NVTC	4 (36%)	2 (18%)	2 (18%)	3 (28%)	9 (82%)	0 (0%)	1 (9%)	1 (9%)
SEVTC	10 (50%)	3 (15%)	3 (15%)	4 (20%)	15 (75%)	1 (5%)	3 (15%)	1 (15%)
SVTC	21 (68%)	2 (6%)	5 (16%)	3 (10%)	26 (84%)	3 (10%)	2 (16%)	0 (0%)
SWVTC	16 (72%)	3 (14%)	3 (14%)	0 (0%)	20 (90%)	1 (5%)	1 (5%)	0 (0%)
TOTAL	78	15	16	10	104	5	8	2
Percentage of Total	66%	13%	13%	8%	87%	4%	7%	2%

- In 83% of the records reviewed there were not any specific goals designed to foster the development of relationships.

Number of Individualized Support Plans With Specific Goals Regarding the Development of Relationships				
	Plans That Contained Specific Goals	%	Plans That Do Not Contain Specific Goals	%
CVTC	1	3%	32	97%
NVTC	0	0%	11	100%
SEVTC	5	26%	14	74%
SVTC	4	13%	26	87%
SWVTC	9	41%	13	59%
SYSTEM TOTAL	19	17%	96	83%

- The vast majority of all staff indicated in the questionnaire responses that they believed the persons they support deserve to have meaningful relationships. However, only 80% of direct care staff reported that they believed the persons they support could actually form such relationships.

Valued Role

Finding 6: Most residents at the training centers are not actively supported in achieving a valued role in either the facility or the community.

- Through interviews with staff it was learned that most persons in the residential settings have limited opportunities to routinely engage in activities that enable them to be partners in the in day-to-day maintenance or management of their residential setting, such as doing chores. Staff believed this was due to regulations that require residents to be paid for any type of work activity in order to prevent exploitation or because of concerns that residents might be injured while performing these tasks. In addition, those interviewed had few ideas on how to support persons with extremely limited cognitive or physical abilities to have a valued role within their residential setting.
- In approximately a quarter of the day activity classrooms that were observed, residents were engaged in activities that could be described as doing for others, such as making cookies to share, or making birthday and get well cards for staff, other residents, or family members.
- Seventy-four percent of the records did not have specific goals for helping residents achieve a valued role in the facility or in a community setting.

Number of Individualized Support Plans With Specific Goals Regarding the Development of Valued Roles				
	Plans That Contained Specific Goals	%	Plans That Do Not Contain Specific Goals	%
CVTC	3	9%	30	91%
NVTC	5	45%	6	55%
SEVTC	6	30%	14	70%
SVTC	8	26%	23	74%
SWVTC	8	36%	14	64%
SYSTEM TOTAL	30	26%	87	74%

- The vast majority of direct care staff (93%) as well as all other staff (97%) indicated in the questionnaire responses that they believed the persons they support deserve to have a valued role in their community. Seventy-one percent of the direct care staff and 77% of all other staff reported a belief that the persons they support could perform a valued role in their community.

Choice

Finding 7: Individuals residing at the training centers are provided with very limited opportunities for choice.

- The key observation in both residential and day activity settings was that direct care staff do not seem to understand the concept of providing choices or the many ways in which choices can become a part of the daily rituals for the residents they support. OIG staff observed numerous missed opportunities for offering choices throughout the review in each setting at every facility. One consistent example across all the facilities occurred during mealtimes:
  - For residents needing support with eating - most were not allowed to select where they wanted to sit. Most were not asked what they wanted to eat first or asked if they wanted a drink. Residents were being fed instead of being assisted in their eating.
- Staff were observed to offer individuals at least one choice during slightly more than half of the interactions (57%). The choice offered was usually limited to selecting between two items provided by staff.
- Choices were more frequently offered in day activity settings (49%) than in residential settings (38%).
- Staff in general reported that residents had limited choices in the areas identified on the chart below. When the responses were separated, direct care staff rated residents as having a somewhat higher degree of choice than did the administrative and professional staff.

Percentage of Staff Questionnaire Responses Regarding Choice for Residents		
	Direct Care Staff Combined % Agreed or Strongly Agreed	**All Other Staff Combined % Agreed or Strongly Agreed**
The persons I support are provided with the following choices:		
a. selecting their own rooms	31.1%	12.3%
b. selecting their roommates	24.3%	14.5%
c. selecting what they want to eat	39.8%	31.1%
d. selecting when they eat	36.4%	16.6%
e. selecting what to wear	73.4%	69.6%

See Appendix F for Staff Questionnaire responses by facility

- Less than half of the records (42%) reviewed had specific goals designed to enhance choices for the residents.

Number of Individualized Support Plans With Specific Goals Regarding the Development of Choice				
	Plans That Contained Specific Goals	**%**	**Plans That Do Not Contain Specific Goals**	**%**
CVTC	7	21%	26	79%
NVTC	2	18%	8	72%
SEVTC	17	85%	3	15%
SVTC	9	29%	22	71%
SWVTC	14	64%	8	36%
SYSTEM TOTAL	49	42%	67	58%

Health and Safety

Finding 8: The majority of goals and objectives developed for the persons in the training center focus on health and safety concerns.

- The majority of assessments (97%) completed in preparation for the annual support plan focused on health and safety. Specific goals addressing safety concerns were noted in the same percentage of records reviewed.
- Health concerns were the primary issue addressed in all the ISPs.

Number of Individualized Support Plans With Specific Goals Regarding Health and Safety				
	Plans That Contained Specific Goals	**%**	**Plans That Do Not Contain Specific Goals**	**%**
CVTC	30	91%	3	9%
NVTC	11	100%	0	0%
SEVTC	20	100%	0	0%
SVTC	30	97%	1	3%
SWVTC	22	100%	0	0%
SYSTEM TOTAL	113	97%	4	3%

* Specific goals related to safety were not present in the 4 records identified.

Finding 9: Opportunities for residents to have new experiences that will enable growth and enhanced choice are significantly limited in the training centers because direct care staff fear disciplinary actions if residents are injured as a result of the inherent risks that accompany new learning experiences.

- Ninety-two percent of the administrative and professional staff replied affirmatively when asked whether the persons they support deserve to be allowed to take the necessary risks in order to gain experiences that would support their growth and enhance choices. Only 40% of the direct care staff replied affirmatively to the same statement.
- When asked to respond to the following statement, "I believe that some degree of risk (bumps and bruises) is necessary and appropriate for the persons I support to learn and grow", 85% of the administrative and professional staff responded affirmatively while only 44% of the direct care staff did so.
- In the small group interviews conducted with direct care staff at each facility, staff reported that in their experience there was not a system for shared accountability and responsibility for the well being of the residents. During each group interview, the majority of those interviewed reported they would be unwilling to implement plans developed by the interdisciplinary teams that would provide new experiences for the residents if the plan increased the potential level of risk for the person. They indicated this was because they feared they would lose their job if the experiences resulted in an injury to the resident. Staff reported they would be more willing to help residents take appropriate risks if they knew the teams that developed the plans would also be held accountable if an accident occurred during the planned event.

Support Planning and Decision-Making

Finding 10: The individuals served and their legally authorized representatives are not present at the annual individualized support planning meetings the majority of the time.

- PCP principles highlight the importance of clearly documenting the person's vision for an integrated life during the discovery phase of the planning process. In 96% of the records, the "voice" of the person or their "champion" was not clearly articulated in the documentation reviewed. The process of assuring that the individual's vision and preferences are actively voiced at the meetings is significantly diminished by their absence.
- Records showed that 67% of the individuals who were the focus of the planning session were not present at their most recent ISP meeting.

Number of Individuals Documented As Being Present At Their Annual Individualized Support Planning Meeting				
	Plans That Document The Person's Presence	%	Plans That Do Not Document Person's Presence	%
CVTC	5	14%	30	86%
NVTC	8	73%	3	27%
SEVTC	10	50%	10	50%
SVTC	6	19%	25	81%
SWVTC	10	45%	12	55%
SYSTEM TOTAL	39	33%	80	67%

- Family members/legally authorized representatives identified were present only 26% of the time.

Number of Family Members or Authorized Representatives Documented As Being Present At The Annual Individualized Support Planning Meeting				
	Plans That Document The Presence of Family or ARs	%	Plans That Do Not Document The Presence of Family or ARs	%
CVTC	5	14%	30	86%
NVTC	9	82%	2	18%
SEVTC	4	20%	16	80%
SVTC	9	29%	22	71%
SWVTC	4	18%	18	82%
SYSTEM TOTAL	31	26%	88	74%

Finding 11: Representatives from the community services boards who have a key role as the bridging agent between the facility and the community are not actively involved with the persons served in the training centers.

- Records indicated that CSB representatives were present at the annual ISP meetings only 19% of the time.

Number of Community Services Board Representatives Documented As Being Present At The Annual Individualized Support Planning Meeting				
	Plans That Document The CSBs Present	%	Plans That Do Not Document CSBs Present	%
CVTC	4	11%	31	89%
NVTC	3	27%	8	73%
SEVTC	9	45%	11	55%
SVTC	7	23%	24	77%
SWVTC	0	0	22	100%
SYSTEM TOTAL	23	19%	96	81%

- Twenty-seven percent of the sample population was visited by a representative of the CSB during the 3rd quarter of FY2007.

Number of Community Services Board Representatives Documented As Visiting Residents During the 3rd Quarter - FY2007				
	Residents Documented As Visited by CSB	%	Residents Not Documented As Visited by CSB	%
CVTC	14	40%	21	60%
NVTC	0	0	11	100%
SEVTC	11	55%	9	45%
SVTC	6	19%	25	81%
SWVTC	1	5%	19	95%
SYSTEM TOTAL	32	27%	85	73%

Finding 12: Direct care staff are in attendance at the majority of ISP meetings in most of the training centers.

- Records showed that a least one direct care staff member was present at 76% of the individuals' most recent ISP meeting.

Number of Direct Care Staff Members Documented As Being Present At The Annual Individualized Support Planning Meeting				
	Plans That Document The Direct Care Staff Presence at Meetings	%	Plans That Do Not Document Direct Care Staff Presence	%
CVTC	32	91%	3	9%
NVTC	10	91%	1	9%
SEVTC	4	20%	16	80%
SVTC	28	90%	3	10%
SWVTC	16	73%	6	27%
SYSTEM TOTAL	90	76%	29	24%

Finding 13: The majority of the records reflect a deficit-based, problem focused planning process instead of a process that makes the preferences and strengths of the resident central to the plan.

- In all the records reviewed only 22% contained a specific vision statement that defined a life desired for the resident.
- Seventy-two percent of the records reviewed outlined each resident's strengths and preferences.

Number of Individualized Support Plans that Contained a Resident Vision Statement and a List of Resident Strengths and Preferences				
	Plans That Contained a Resident Vision Statements	%	Plans That Contain a List of Resident Strengths and Preferences	%
CVTC	6	19%	23	70%
NVTC	0	0%	4	36%
SEVTC	0	0%	19	95%
SVTC	0	0%	18	58%
SWVTC	20	91%	20	91%
SYSTEM TOTAL	26	22%	84	72%

- Even though the majority of the records contained a list of preferences and strengths for the residents, these elements were viewed as primarily "add ons" to the more traditional assessment process since there were very few links between these and the support goals and objectives in a majority (87%) of the records reviewed.
- Ninety percent of the ISP progress review updates were judged to be based on regulatory processes with a focus on problems that have occurred. There was very

little evidence that the effectiveness of the plan to create "a life desired" was evaluated.
- There was not any evidence in the records reviewed that the successes of the individuals in accomplishing their goals were celebrated.

B. Staff Interviews Regarding Person-Centered Values and Beliefs

The OIG developed an instrument for examining the values and beliefs of staff regarding a number of key characteristics of self determination and person-centered planning. In order for those who are served to have an experience that is guided by the principles of self determination and person-centered planning, staff must understand these concepts and believe that they are critical to those who are served and the facility must effectively implement the concepts into everyday life at the facility.

Finding 14: The individual experience of self determination and person-centered planning which has been assessed by the OIG to be quite limited stands in contrast to staffs' very positive self rating of their confidence in understanding the principles of self determination and person-centered-planning.
- The vast majority of staff indicated they understood how person-centered planning impacts their job role and responsibilities.
- Seventy-nine percent of the direct care staff and 81% of all the other staff reported being confident that they can use the interventions/strategies associated with PCP with the persons they support.
- The majority of direct care staff (77%) and all other staff members (79%) felt there had been sufficient explanation for them to fully understand the principles of PCP.

Percentage of Staff Beliefs Regarding Their Understanding of Self Determination and Person-Centered Principles and Practices										
	Direct Care Staff Combined % Agreed or Strongly Agreed					Administrative and Professional Staff Combined % Agreed or Strongly Agreed				
	CVTC	NVTC	SEVTC	SVTC	SWVTC	CVTC	NVTC	SEVTC	SVTC	SWVTC
I understand how the facility's move to a person centered environment impacts my job role and responsibilities.	79%	90%	84%	71%	94%	79%	81%	95%	86%	89%
There has been sufficient explanation and discussion for me to fully understand the principles of person centered planning.	79%	84%	81%	56%	87%	74%	72%	80%	89%	95%
I am confident that I can use the interventions/strategies associated with person centered planning with the persons I support.	71%	95%	87%	65%	90%	62%	84%	100%	86%	84%

Finding 15: Direct care and administrative/professional staff express very mixed opinions regarding the effectiveness of the facilities in implementing self determination and person-centered practices.

- When rating the facility performance as a whole only 43% of the administrative and professional staff and 60% of the direct care staff rated the facility as doing a good job in providing learning opportunities for the residents about the various options available to them for deciding how they want to structure their day.
- Thirty-seven percent of the administrative and professional staff and 53% of the direct care staff indicated that the facility does a good job of providing the residents with opportunities for choices regarding where they want to live.
- Sixty-five percent of the direct care staff and 64% of all other staff signified that the facility was doing a good job providing the persons at the facility with opportunities to choose how they want to spend their leisure time.
- The majority of direct care staff (79%) and all other staff members (86%) said the facility director had shared his or her vision for moving the facility toward becoming a person centered environment during the previous 12 months.

Percentage of Staff Questionnaire Responses Regarding Each Facility's Success In Implementing Self Determination and Person-Centered Practices										
	Direct Care Staff Combined % Agreed or Strongly Agreed					Administrative and Professional Staff Combined % Agreed or Strongly Agreed				
	CVTC	NVTC	SEVTC	SVTC	SWVTC	CVTC	NVTC	SEVTC	SVTC	SWVTC
Our facility does a good job of providing the persons who reside here with learning opportunities to educate them about the various options available in deciding how they want to structure their day.	58%	72%	58%	62%	48%	28%	53%	55%	29%	68%
Our facility does a good job of providing the persons who reside here with learning opportunities to educate them about the possibilities and options available for making choices regarding where they want to live.	42%	63%	52%	59%	52%	28%	41%	40%	54%	32%
Our facility does a good job of providing the persons who reside here with learning opportunities that educate them of the possibilities and options available for making choices regarding how they spend their leisure time.	61%	90%	58%	53%	61%	49%	66%	70%	71%	84%
During the past 12 months, the facility director has shared with staff his or her vision for moving this facility towards becoming a person centered environment.	76%	72%	94%	71%	84%	92%	81%	100%	79%	79%
The successful use of person centered planning strategies with the persons I support have become a part of my written job performance measures.	76%	79%	74%	62%	94%	79%	38%	63%	57%	79%

Section V

Recommendations

Recommendation 1: It is recommended that each training center develop and implement a Comprehensive Facility Plan for Person-Centered Practices. The purpose of the plan will be to enhance the extent to which the experience of those individuals who are served is person-centered and reflects the principles of self determination and choice. The plan should be consistent with the recommendations of the Person-Centered Planning Leadership Team and identify specific measures that will be used to assess progress, be completed no later than July 15, 2008, and address:

- The role of senior leadership
- Workforce development
- Individual services planning
- Design of the individual resident record
- Resident activities and opportunities
- Relationship to the community
- Other areas as determined relevant to enhancing the self determination experience of those who are served by the facility.

Once the plan has been accepted by the OIG, it should be placed on the training center website in order to enable facility staff, residents and families, as well as community organizations to have access to the plan.

> *DMHMRSAS Response: The DMHMRSAS agrees that each Training Center operated by the Department will develop and submit a Comprehensive Facility Plan for Person-Centered Practices by July 15th, 2008. The plan will be consistent with the recommendations of the Person-Centered Planning Leadership team and will identify specific measures to be utilized in assessing progress and will address the following:*
>
> - *The role of senior leadership*
> - *Workforce development*
> - *Individual service planning*
> - *Design of the individual resident record*
> - *Resident activities and opportunities*
> - *Relationship to the community*
> - *Other areas as determined relevant to enhancing the self determination experience of those who are served by the facility.*
>
> *Following acceptance by the Office of the Inspector General the plans will be posted on facility websites in order to enable all interested parties to have access to the plans.*

Recommendation 2: It is recommended that each facility prepare a semiannual report that provides an update on progress toward all aspects of the Comprehensive Facility Plan for Person-Centered Practices and that this report is submitted to the OIG no later than the end of January and July of each year in 2009, 2010 and 2011.

> ***DMHMRSAS Response:*** *The DMHMRSAS agrees that all Training Centers will submit to the Office of the Inspector General semiannual reports in January and July of 2009, 2010, and 2011 that will provide an update on progress toward all aspects of the Comprehensive Facility Plan for Person-Centered Practices.*

Section VI

Appendix

Attachment A: AAIDD - Characteristics of Person-Centered Planning

Foundational to the review process were the characteristics of person-centered planning published by the American Association on Intellectual and Developmental Disabilities (AAIDD)[1]. These characteristics include:

1. PCP places the person who is at the focus of the planning and those who love the person at the center of the process. It recognizes that the person and his or her significant others are the primary authorities on the person's life direction by defining what is meaningful and matters the most to that individual.
2. PCP focuses on the quality of the person's life and emphasizes dreams, desired outcomes and the provision of meaningful experiences. It highlights a respect for the dignity and completeness of the focus person.
3. The primary purpose of PCP is to learn through shared action and the ongoing reflection/evaluation of that action. Action occurs through a cycle of listening/discovering, planning, implementing, evaluating/celebrating resulting in further listening/discovering.
4. PCP aims to change common patterns of community life in order to minimize the planned segregation and congregation of persons with disabilities, the perpetuation of devaluating stereotypes, the fostering of inappropriately low expectations, and the limitation of opportunities that enhance learning.
5. PCP requires collaborative action and fundamentally challenges practices that traditionally separates people and perpetuates controlling relationships.
6. PCP promotes and values individual services and supports and clarifies individual preferences, interests and needs.
7. PCP searches for capacities, organizing efforts to include the person, natural supports and the community.
8. PCP calls for a sustained search for effective ways to deal with difficult barriers and conflicting demands.

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[1] The Person-Center Planning Fact Sheet published by the American Association on Intellectual and Developmental Disabilities (AAIDD) is available at http://www.aaidd.org/ or at American Association on Intellectual and Developmental Disabilities, 444 North Capitol Street NW Suite 846, Washington, D.C. 20001-1512, Tel (202)387-1968.

Attachment B:
Residential Self Determination and Person-Centered Measure Checklist

OIG RESIDENTIAL SELF DETERMINATION AND PERSON-CENTERED MEASURE CHECKLIST	% CVTC	% NVTC	% SEVTC	% SVTC	% SWVTC
A. Staff Interactions with the person (Communicating))					
Staff do not speak for the person without first seeking permission to do so on his behalf. This occurs whether the person is capable of responding or not.	2%	8%	10%	0%	13%
Staff speak to the person in an age appropriate manner and tone.	73%	77%	90%	43%	97%
Staff maintain eye contact when conversing with the person.	21%	79%	72%	69%	86%
Staff ask the person's permission to share information about him.	1%	3%	15%	3%	14%
Staff squat or sit when engaged in a conversation with someone in a seated position.	40%	51%	67%	58%	56%
Facial expressions of staff are appropriate to the situation and interaction.	80%	85%	92%	82%	100%
Staff engage in casual conversation (It sure is cold outside).	39%	46%	64%	53%	42%
B. Staff Interactions with the person (Supporting)					
Staff ask the person before supporting them.	6%	13%	28%	3%	17%
Staff provides the person with choices whether they can respond or not.	23%	31%	44%	29%	53%
Staff explains to the person why they are engaging in any activity before starting, using as many senses as appropriate. (Training example: getting ready for a bath)	2%	18%	26%	1%	19%
Staff guide the person's hand to complete an activity not do it for him, example person is eating not being feed.	13%	26%	23%	15%	44%
Staff celebrate even the smallest accomplishments.	23%	31%	36%	19%	50%
C. Staff Interactions with the person (Respecting)					
Staff move the person only after asking permission	3%	0%	10%	4%	8%
Staff are appropriately responsive to a person's request.	25%	41%	49%	36%	42%
Staff only wear latex gloves when engaged in biohazard related interventions, example -not when fixing a meal in a home.	66%	62%	69%	36%	58%
Staff support a person to walk not tows them.	9%	10%	13%	7%	28%
Staff communicate personal issues, privately.	9%	15%	10%	4%	17%
Staff do not talk about the person in front of him.	10%	31%	23%	1%	28%
Adults are not made to wear a bib.	80%	67%	90%	68%	89%
Staff show respect by supporting a person in being well groomed.	87%	82%	95%	93%	100%
D. Residential / Environmental Observations (Direct care staff interviews and observations)					
The person has his own bedroom.	15%	21%	13%	8%	17%
The bedroom door can be closed if the person desires	44%	72%	59%	49%	81%
Person can decorate the bedroom as he chooses	35%	82%	74%	75%	89%
The bedroom is a unique expression of the person. His likes and preferences are evident in the space.	16%	67%	41%	18%	86%
The person has a picture of someone who cares about him or that he cares about him in his room	19%	64%	44%	19%	64%
Residents can have a full or other size bed if desired.	8%	0%	15%	4%	33%
Residents can decide the placement of his furniture.	14%	26%	49%	71%	69%

Attachment C:
Day Activity Self Determination and Person-Centered Measure Checklist

OIG DAY ACTIVITY SELF DETERMINATION AND PERSON-CENTERED CHECKLIST					
Observations of Staff interactions With Selected Individuals Receiving Services	**% CVTC**	**% NVTC**	**% SEVTC**	**% SVTC**	**% SWVTC**
A. COMMUNICATING					
Staff do not speak for the person without first seeking permission to do so on his behalf. This occurs whether the person is capable of responding or not.	8%	20%	18%	2%	9%
Staff speak to the person in an age appropriate manner and tone.	93%	93%	96%	74%	94%
Staff maintain eye contact when conversing with the person.	85%	93%	86%	54%	89%
Staff asks the person's permission to share information about him	3%	13%	7%	5%	6%
Staff squat or sit when engaged in a conversation with someone in a seated position.	68%	83%	62%	45%	79%
Staff communicate in a respectful manner	97%	93%	96%	83%	97%
Facial expressions of staff are appropriate to the situation and interaction.	97%	93%	100%	85%	100%
Staff engage in directive conversation.	65%	93%	79%	35%	83%
Staff engage in casual conversation.	50%	80%	54%	40%	49%
B. SUPPORTING					
Staff ask the person before supporting them.	10%	27%	32%	3%	29%
Staff provides the person with choices - whether they can respond or not.	32%	60%	61%	18%	66%
Staff explains to the person why they are engaging in any activity before starting, using as many senses as appropriate.	16%	27%	43%	6%	14%
Staff foster independence by encouraging the person to complete the activity on their own, while attending to their vulnerabilities.	44%	73%	89%	38%	94%
Staff guide the person's hand to complete an activity, not do it for him.	46%	47%	54%	26%	57%
Staff teach instead of correcting by supporting the person in performing the task instead of just saying don't.	32%	60%	79%	20%	71%
Staff celebrate even the smallest accomplishments.	47%	93%	71%	26%	83%
C. RESPECTING					
Staff move the person only after asking permission	10%	7%	4%	8%	0%
Residents in wheelchairs are asked which way they want to face when placed at rest.	4%	0%	0%	2%	0%
Staff are appropriately responsive to a person's request.	34%	53%	32%	12%	40%
Staff do not talk about the person in front of him	18%	40%	39%	5%	26%
Staff model appropriate behavior - they do not tell a person how to behave	17%	40%	71%	12%	63%
Staff show respect by supporting a person in being well groomed.	89%	73%	96%	83%	100%

Attachment D: Rating Scale for Residential and Day Activity Observations

The OIG developed the following rating scale in order to provide guidance for the inspectors in objectively evaluating the extent to which each interaction reflected person-centered practices.

Observations consistent with a rating of 4 or 3 which indicates a self-determined or person centered environment or experience include:

Staff functions as teachers or coaches and not caregivers. Residents are treated in an age appropriate manner. Staff supports the residents in leading self-directed lives by facilitating and honoring choice, facilitating opportunities for community integration, and fostering positive relationships. Residents are provided opportunities for functioning as valued members of the home. Emphasis placed on resident strengths, preferences and likes.

4 (Fully developed) – The overwhelming majority (greater than 75%) of staff interactions with the resident demonstrates practices which contribute to a person-centered environment or experience.

3 (Good) – More than half of the behaviors observed but not an overwhelming majority of the staff interactions with the resident (greater that 51% but less than 75 %) demonstrates practices which contribute to a person-centered environment.

Observations consistent with a rating of 2 or 1 include:

Staff function primarily as caregivers and not teachers or coaches. Residents are treated more like children than in an age appropriate manner. Likes and preferences are rarely considered. Choices are very limited or not existent. There are few opportunities for community integration. Residents are not provided opportunities to be valued members of the home.

2 (Limited) – Less than 50% of the observations demonstrate some practices which contribute to a person-centered environment or experience. There are some basic elements of choice, Staff is engaged with the person as caregivers but opportunities for learning a growing through active support are evident but limited.

1 (Very Limited) – Staff interactions were not consistent with practices which contribute to a person-centered environment (less than 25% of the time). Staff directs most activities with little or no choices given. Staffs function as caregivers. Resident challenges or weaknesses are emphasized. There are little or not interactions that are viewed as "person to person". Opportunities for learning and growing through active support were not evident.

Attachment E: Self Determination / Person-Centered Score Details

Residential Setting Score

The following charts provide a detailed summary of the rating and distribution of the residential self determination and person-centered score by facility. The first chart identifies the number of persons that received a rating of 3.0 or higher and those who received a rating lower than 3.0.

Rating and Distribution of Residential Self Determination and Person Centered Score (N=271)					
Facility	Number of Individuals in Sample	Number of Individuals with rating of 3.0 or higher	Percentage of Individuals with Rating 3.0 or higher	Number of Individuals with a rating below 3.0	Percentage of Individuals with Rating below 3.0
Combined	271	22	8.1%	249	91.9%
CVTC	92	2	2.2%	90	97.8%
NVTC	39	3	7.7%	36	92.3%
SEVTC	35	7	20.0%	28	80.0%
SVTC	69	0	0.0%	69	100.0%
SWVTC	36	10	27.8%	26	72.2%

This chart shows the data for each rating range and the distribution of individuals in each rating by facility for the residential settings.

Rating Ranges and Distribution of Individuals in the Sample with Residential Observations (N=271)										
	CVTC		NVTC		SEVTC		SVTC		SWVTC	
Rating Ranges	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating
4	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3.5	0	0.00%	1	2.56%	0	0.00%	0	0.00%	1	2.78%
3	2	2.17%	2	5.13%	7	20.00%	0	0.00%	9	25.00%
2.5	3	3.26%	5	12.82%	7	20.00%	6	8.70%	5	13.89%
2	10	10.87%	16	41.03%	10	28.57%	12	17.39%	16	44.44%
1.5	35	38.04%	9	23.08%	10	28.57%	31	44.93%	4	11.11%
1	42	45.65%	6	15.38%	1	2.86%	20	28.99%	1	2.78%
TOTAL	92	100.00%	39	100.00%	35	100.00%	69	100.00%	36	100.00%

Day Activity Setting Score

The following charts provide a detailed summary of the rating and distribution of the day activity self determination and person-centered score by facility. The first chart identifies the number of persons that received a rating of 3.0 or higher and those who received a rating lower than 3.0.

Rating and Distribution of Day activity Person Centered Planning Score (N=271)					
Facility	Number of Individuals in Sample	Number of Individuals with rating of 3.0 or higher	Percentage of Individuals with Rating 3.0 or higher	Number of Individuals with a rating below 3.0	Percentage of Individuals with Rating below 3.0
Combined	271	70	25.8%	201	74.2%
CVTC	92	3	3.3%	89	96.7%
NVTC	39	30	76.9%	9	23.1%
SEVTC	35	19	54.3%	16	45.7%
SVTC	69	4	5.8%	65	94.2%
SWVTC	36	14	38.9%	22	61.1%

This chart shows the data for each rating range and the distribution of individuals in each rating by facility for the residential settings.

Rating Ranges and Distribution of Individuals in the Sample with Day Support Observations (N=271)										
	CVTC		NVTC		SEVTC		SVTC		SWVTC	
Rating Ranges	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating
4	0	0.00%	24	61.54%	5	14.29%	4	5.80%	1	2.78%
3.5	0	0.00%	2	5.13%	5	14.29%	0	0.00%	4	11.11%
3	3	3.26%	4	10.26%	9	25.71%	0	0.00%	9	25.00%
2.5	10	10.87%	7	17.95%	6	17.14%	2	2.90%	10	27.78%
2	13	14.13%	1	2.56%	8	22.86%	13	18.84%	7	19.44%
1.5	35	38.04%	0	0.00%	0	0.00%	26	37.68%	4	11.11%
1	31	33.70%	1	2.56%	2	5.71%	24	34.78%	1	2.78%
TOTAL	92	100.00%	39	100.00%	35	100.00%	69	100.00%	36	100.00%

Combined Residential and Day Activity Setting Score

The following charts provide a detailed summary of the rating and distribution for the combine residential and day activity setting scores by facility. The first chart identifies the number and percentages of persons that receiving a combined rating of 3.0 or higher and those who received a rating lower than 3.0.

Rating and Distribution of Combined Person Centered Planning Scores (N=271)					
Facility	Number of Individuals in Sample	Number of Individuals with rating of 3.0 or above	Percentage of Individuals with Rating 3.0 or higher	Number of Individuals with a rating below 3.0	Percentage of Individuals with Rating below 3.0
Combined	271	31	11.4%	240	88.6%
CVTC	92	0	0.0%	92	100.0%
NVTC	39	17	43.6%	22	56.4%
SEVTC	35	7	20.0%	28	80.0%
SVTC	69	2	2.9%	67	97.1%
SWVTC	36	5	13.9%	31	86.1%

This chart shows the data for each rating range and the distribution of individuals in each rating by facility for the residential settings.

Rating Ranges and Distribution of Individuals in the Sample with Combined Residential and Day Support Observations (N=271)										
	CVTC		NVTC		SEVTC		SVTC		SWVTC	
Rating Ranges	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating	Number of Individuals	% Per Rating
4	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3.75	0	0.00%	1	2.56%	0	0.00%	0	0.00%	1	2.78%
3.5	0	0.00%	1	2.56%	0	0.00%	0	0.00%	0	0.00%
3.25	0	0.00%	3	7.69%	5	14.29%	1	1.45%	3	8.33%
3	0	0.00%	12	30.77%	2	5.71%	1	1.45%	1	2.78%
2.75	0	0.00%	6	15.38%	4	11.43%	0	0.00%	7	19.44%
2.5	0	0.00%	8	20.51%	9	25.71%	3	4.35%	7	19.44%
2.25	2	2.17%	2	5.13%	7	20.00%	2	2.90%	7	19.44%
2	11	11.96%	2	5.13%	5	14.29%	4	5.80%	5	13.89%
1.75	17	18.48%	3	7.69%	1	2.86%	12	17.39%	4	11.11%
1.5	21	22.83%	0	0.00%	1	2.86%	19	27.54%	0	0.00%
1.25	28	30.43%	1	2.56%	1	2.86%	23	33.33%	1	2.78%
1	13	14.13%	0	0.00%	0	0.00%	4	5.80%	0	0.00%
Total # and Total %	92	100.00%	39	100%	35	100.00%	69	100.00%	36	100.00%

Attachment F: Staff Questionnaire
Differences in Direct Care Staff Responses and Administrative and Clinical Staff By Percentages for All Five Training Centers

STAFF VALUES: What Residents Deserve	Direct Care Staff Combined % Agreed or Strongly Agreed	All Other Staff Combined % Agreed or Strongly Agreed
1. I believe the persons I support deserve to make choices.	97.7%	100%
2. I believe the persons I support deserve to have meaningful relationships.	92.5%	98.5%
3. I believe that the persons I support deserve to have a valued role in the community outside of the facility.	93.1%	94.9%
4. I believe that the persons I support deserve to participate in established groups in the community outside of the facility.	91.4%	92.8%
5. I believe that the persons I support deserve access to needed health care.	97.1%	98.6%
6. I believe the persons I support deserve to be safe.	95.9%	98.5%
7. I believe the persons I support deserve to be allowed to take necessary risks (a few "bumps and bruises") in order to gain experiences that would support their growth and enhance choices.	39.9%	92.1%
8. I believe that the persons I support deserve to reside in an integrated community setting.	79.2%	89.1%
STAFF VALUES: What Residents Can Accomplish		
1. I believe the persons I support can make choices.	84.4%	92.7%
2. I believe the persons I support can form meaningful relationships.	80.4%	91.3%
3. I believe that the persons I support can have a valued role in the community outside of the facility.	70.6%	76.1%
4. I believe that the persons I support can participate in established groups in the community outside the facility.	74%	76.8%
5. I believe everyone I support can have their health and safety needs addressed in the community.	72.3%	53.6%
6. I believe the persons I support can learn and grow.	85.5%	92%
7. I believe that some degree of risk ("bumps and bruises") is necessary and appropriate for the persons I support to learn and grow.	43.9%	84.8%
8. I believe that the persons I support must have certain skills before moving to less restrictive settings.	81.5%	68.2%
9. I believe that challenging behaviors must be eliminated before the persons I support can move to less restrictive settings.	56.7%	24.6%
STAFF BELIEFS: Resident Choices		
1.The persons I support are provided with the following choices:		
a. selecting their own room	31.1%	12.3%
b. selecting their own roommates	24.3%	14.5%
c. selecting what they want to eat	39.8%	31.1%
d. selecting when they eat	36.4%	16.6%
e. selecting what they wear	73.4%	69.6%
2. The persons I support have at least one significant relationship with a person from the community outside of the facility, who is not a staff member or family member.	36.4%	21%

Differences in Direct Care Staff Responses and Administrative and Clinical Staff by Percentages by Facility

STAFF VALUES: What Residents Deserve	Direct Care Staff Combined % Agreed or Strongly Agreed					Administrative and Clinical Staff Combined % Agreed or Strongly Agreed				
	CVTC	NVTC	SEVTC	SVTC	SWVTC	CVTC	NVTC	SEVTC	SVTC	SWVTC
1. I believe the persons I support <u>deserve</u> to make choices.	97.4	97.4	100	94.1	100	100	100	100	100	100
2. I believe the persons I support <u>deserve</u> to have meaningful relationships.	92.1	97.4	93.5	82.4	100	100	100	100	96.4	100
3. I believe that the persons I support <u>deserve</u> to have a valued role in the community outside of the facility.	92.1	100	96.8	79.4	96.8	87.2	96.8	100	100	100
4. I believe that the persons I support <u>deserve</u> to participate in established groups in the community outside of the facility.	89.5	92.3	96.8	82.4	96.8	79.5	96.8	100	100	100
5. I believe that the persons I support <u>deserve</u> access to needed health care.	100	97.4	100	93.9	96.8	100	100	100	96.4	100
6. I believe the persons I support <u>deserve</u> to be safe.	100	94.7	100	93.9	96.8	100	100	100	100	100
7. I believe the persons I support <u>deserve</u> to be allowed to take necessary risks (a few "bumps and bruises") in order to gain experiences that would support their growth and enhance choices.	44.7	25.6	41.9	35.3	54.8	97.4	90.3	85	89.3	100
8. I believe that the persons I support <u>deserve</u> to reside in an integrated community setting.	84.2	73.7	77.4	82.4	80.6	84.6	87.1	94.7	96.4	94.7
STAFF VALUES: What Residents Can Accomplish										
1. I believe the persons I support <u>can</u> make choices.	86.8	87.2	93.3	66.7	93.5	92.3	93.5	90	92.9	100
2. I believe the persons I support <u>can</u> form meaningful relationships.	81.6	78.9	93.5	70.6	80.6	94.9	93.5	90	89.3	89.5
3. I believe that the persons I support <u>can</u> have a valued role in the community outside of the facility.	81.6	82.1	71	50	64.5	66.7	90.3	80	67.9	84.2
4. I believe that the	71.1	92.1	73.3	66.7	71	71.8	90.3	85	67.9	73.7

persons I support <u>can</u> participate in established groups in the community outside the facility.										
5. I believe everyone I support <u>can</u> have their health and safety needs addressed in the community.	84.2	68.4	80.6	70.6	58.1	46.2	40	50	82.1	57.9
6. I believe the persons I support <u>can</u> learn and grow.	86.8	89.7	90.3	70.6	90.3	94.9	90.3	95	96.4	84.2
7. I believe that some degree of risk ("bumps and bruises") is necessary and appropriate for the persons I support to learn and grow.	44.7	35.9	48.4	35.3	58.1	94.9	87.1	75	78.6	84.2
8. I believe that the persons I support must have certain skills before moving to less restrictive settings.	76.3	74.4	80	91.2	90.3	53.8	74.2	75	64.3	89.5
9. I believe that challenging behaviors must be eliminated before the persons I support can move to less restrictive setting.	39.5	41	51.6	64.7	80.6	20.5	12.9	15	32.1	52.6
10. I believe that all the persons I support will live successfully in the community in the next 2 to 3 years.	7.9	23.1	16.1	17.6	6.5	5.1	6.5	5	18.5	0
STAFF VALUES: Resident Choices										
1.The persons I support are provided with the following choices:										
a. selecting their own room	36.8	9.7	23.3	17.6	36.7	10.3	9.7	5	21.4	15.8
b. selecting their own roommates	21.1	16.1	13.3	17.6	26.7	10.3	16.1	15	17.9	15.8
c. selecting what they want to eat	42.1	35.5	30	32.4	46.7	20.5	35.5	55	32.1	21
d. selecting when they eat	34.2	29	30	20.6	36.7	17.9	29	5	10.7	15.8
e. selecting what they wear	73.7	83.3	73	47.1	93.5	66.7	83.3	80	53.6	73.7
2. The persons I support have at least one significant relationship with a person from the community outside of the facility, who is not a staff member or family member.	26.3	33.7	33.3	29.4	33.3	12.8	38.7	10	17.9	26.3

Attachment G: Survey Questionnaires and Check Sheets

OIG Self Determination Study Executive Interview Form

Facility: _____   **Date:** _____   **Interviewer:** ___

1. Please provide the written document that most accurately describes the vision of the executive team for the facility and the people it supports.

2. Please take a few moments to describes this vision, with a focus on how creating a person centered environment has impacted it.

3. Please describe the initiatives that have occurred during the past 24 months, which were designed to move the facility forward in creating a person centered environment.

4. Describe the barriers and challenges encountered.

5. What are some of the strategies used by the organization to address the barriers?

6. What organizational changes have resulted from the initiatives described earlier?

7. How has this initiative impacted your recruitment, hiring, and retention practices?

8. Please describe the methods used by members of the executive team to teach and promote the value of creating a person centered environment with staff of all levels.

9. Please describe the methods used by members of the executive team to teach and promote the value of creating a person centered environment with parent and other advocacy groups, community businesses, community providers, and elected officials.
staff of all levels.

10. Are there external supports that would aid this facility in becoming a person centered environment?

11. What specific communications have you received from anyone in the DMHMRSAS Central Office during the past 12 months which clarified expectations related to the building of a person centered environment, promoting the process, or providing resources to assist with its implementation?

12. If you think of this initiative from a statewide perspective, what can be done to facilitate its success for all persons with intellectual disabilities?

OIG Self Determination Study Organizational Checklist

Mission and Values	Yes	No	Comments:
1. The facility's mission statement is consistent with the principles of person centered planning, self determination, and choice.			
2. The facility's organizational values are consistent with the principles of person centered planning, self determination, and choice.			
3. Staff were involved in the process of reviewing and formulating the mission and values.			
4. Family members were involved in the process of reviewing and formulating the mission and values.			
5. Persons receiving supports were involved in the process of reviewing and formulating the mission and values.			
6. Other stakeholders were involved in the process of reviewing and formulating the mission and values.			
Strategic Planning and Implementation	**Yes**	**No**	**Comments:**
7. The agency has established the implementation of person centered planning as an organizational priority.			
8. Specific resources have been allocated towards building a person centered environment.			
9. There is a person centered planning team.			
10. The planning team has broad staff representation from all levels and disciplines.			
11. The planning team includes other stakeholders.			
12. Staff and other shareholders are involved in the work of the team and receive regular updates on the planning process.			
13. The planning team meets regularly.			
14. There is evidence that progress is being made as a result of the planning team's efforts.			
Organizational Practices (Policies and Procedures)	**Yes**	**No**	**Comments:**
15. The facility's policies and procedures have been reviewed for conistency with the principles of PCP and self determination. Needed changes have occurred.			

Organizational Practices (Hiring New Staff)	Yes	No	Comments:
16. Job descriptions have been updated to reflect PCP and provide an applicant with an understanding of duties that uphold supporting the persons served in achieving an integrated life.			
17.Staff who are most knowledgeable of PCP and leaders in implementation are involved in the hiring practices.			
Organizational Practices (Orientation and Training)	Yes	No	Comments:
18. Orientation and training materials have been reviewed to be consistent with principles of PCP.			
19. PCP and self determination principles have been imbedded in all training activities and curricula.			
Organizational Practices (Retention)	Yes	No	Comments:
20. Staff are recognized for implementing PCP and supporting the successes of others, both the persons they support and their coworkers.			
Organizational Practices (Quality Improvement)	Yes	No	Comments:
21. Performance measures are established to evaluate the success of the PCP initiative. Improvements are made in a timely manner.			
22. PCP successes are celebrated when they occur.			
23. The facility identifies and shares promising practices both within the facility and with other facilities.			
Organizational Practices (Leadership Commitment)	Yes	No	Comments:
24.The facility director has used a variety of mediums to communicate with all staff his/her commitment in building a person centered environment.			
25.The facility director has voiced this commitment to parent organizations through presentations, letters, etc.			
26.The facility director has voiced this commitment to other advocacy organizations through presentations, letters, etc.			
27.The facility director has voiced this commitment to other stakeholders such as community providers, business leaders, and elected officials.			

28.Other members of the executive team use a variety of mediums to communicate with staff his/her commitment to building a person centered environment.			
29.Other members of the executive team have voiced their commitment through presentations, letters, etc. to advocacy and other groups.			
Organizational Practices (Community Connections)	**Yes**	**No**	**Comments:**
30.There is a shared philosophy within the organization that community is something outside the traditional program.			
31.The organization has been cultivating relationships with community businesses to develop a partnership for supporting the persons who reside there in having integrated experiencing in the community.			
32.The organization has been cultivating relationships with schools and universities to develop a partnership for supporting the persons who reside there in having integrated experiences in the community.			

OIG Self Determination Study Record Review Form

Facility: [blank] **Reviewer:** [blank] **Date:** [blank]

Name of Person Receiving Services: [blank]

Location where the person resides: [blank]

Date of the most recent individualized habilitation plan: [blank]

A. Please put a check if the person identified attended the ISP planning session either in person or through teleconferencing. A check can be made if the person's signature is on the document or if there is a reference to them being present at the meeting in the plan.

	1	The person		12	Rec Therapist
	2	A family member/LAR		13	Physical Therapist
	3	1st shift DSP(s)		14	Speech Therapist
	4	2nd shift DSP(s)		15	Dietician
	5	3rd shift DSP(s)		16	Nurse
	6	CSB representative*		17	Physician
	7	Other community support person**		18	Psychiatrist
	8	QMRP		19	Other
	9	Psychologist		20	Other
	10	Social Worker		21	Other
	11	Occupational Therapist			

CSB* [blank] ** Provider [blank]

B. The discovery process tells the person's story and describes the person's vision for an integrated community life.

	YES	NO
The person or another individual who knows and cares for the individual other than a family member (a champion) contributed with a focus on an integrated community life.		
A family member contributed with a focus on an integrated community life.		
DSPs who spend the most time working with and supporting the person contributed with a focus on an integrated community life.		
The professionals contributed with a focus on an integrated community life.		
Based on your review of the information gathered for this process and what you learned above select the one that BEST describes the discovery process.		
1	Professionally driven, deficit based, assuming the person needs to be fixed	
2	Professionally driven, deficit based, listing of preferences viewed as add-ons, limited vision of integrated life, implies the person needs to be fixed	

	3	Professionally driven, with valued input by person and his partners, preferences guide actual support in majority of areas
	4	Person-directed vision of integrated life, professional in support role

C.The planning process describes the goals and supports needed for the person to begin achieving elements of an integrated community life.

	YES	NO
The person's vision of a self determined life is included in the record.		
There is a focus on the person's Interests, preferences, and capabilities.		
Planning process looks for natural supports to "build a community".		
Planning process supports using staff in non-traditional roles and settings.		
It addresses **community presence** in the context of the life desired, including the use of leisure time.		
It addresses **community participation** in the context of the life desired, including clubs and organizations the person can join.		
It addresses **choice** in the context of the life desired, including everyday routines.		
It addresses **relationships** in the context of the life desired, including friendships.		
It addresses **valued roles** in the context of the life desired, including work.		
It addresses **health and safety** issues in the context of the life desired.		
The person's rights, responsibilities, and risks are all addressed in the goals.		

Based on your review of the individualized service plan and what you learned above select the one that BEST describes the planning process.

	1	Services designed to change the person. Segregated services or programs provided by staff. Risk avoidant.
	2	Services designed to change the person. Placed in existing services provided by staff, increased community presence established. Risk avoidant.
	3	Services are designed to change the person, natural supports increasingly evident. Majority of the areas addressed. Some risks allowed as determined by professionals.
	4	Services designed to support the person primarily in the community. All areas addressed. Continuously exploring opportunities for learning. Risks balanced with choice.

D.This process reflects the commitment of the participants to support the person in achieving an integrated community life.

	YES	NO
The plan is evaluated as successes and problems are encountered by the person and his supports. Changes are designed to maximize success. Successes are celebrated.		
The person and their natural supports select when the planning team will meet to discuss the progress being made.		
The reviews are based on what is working/what is not working.		

Based on your review of the updates and what you learned above rate the review and monitoring process.

	1	Reviews based on regulatory requirements whether the person and/or trusted partners are present. Complete paperwork. Little evidence of effectiveness of the plan evaluated.

	2	Reviews based on regulatory requirements. Efforts made to include the person and his trusted partners. Focus on problems that have occurred and adjusted in review.
	3	Reviews occur to address crisis. The person and/or his partners encouraged to attend. Their ideas are solicited and incorporated in any changes that occur.
	4	Ongoing and dynamic. Person directed. Celebrates successes and problem-solve obstacles. Focus is on what is working and what is not.

E. Please respond to each of the following for the period between January 1, 2007 and March 31, 2007. If the record does not provide the information requested please put DNI in the space provided.

1. The number of outings this person participated in during this period	
2. The number of outings that occurred in groups of 3 or less.	
3. The number of outings linked to a goal or objective in the ISP.	
4. The number of community based groups the person participated in during this period.	
5. The number of community based groups the person participated in that has disabled and non-disabled members.	
6. The number of facility based groups the person participated in with individuals not in his residential unit.	
7. The number of times the person was visited by family.	
8. The number of times the person visited his/her family.	
9. The number of times the person was visited by a community friend.	
10. The number of times the person visited a friend in the community.	
11. The number of times a CSB representative visited the person.	
12. The number of hours the person actively participated in day support activities.	

Location of Day Support Program:									
Please check which BEST describes the person's day activity setting									
Community based paid employment									
Community operated day support									
Facility based paid employment									
Facility operated day support									
Unit based day support activities									

Self Determination Study Planning Team Observations

Facility: _____ **Observer:** _____ **Date:** _____

	YES	NO
1.The meeting was held in the setting that is most natural for the person such as their home, not in a conference room that can communicate an imbalance in power.		
2.The meeting was held at a time that was most convenient for the person and those that know him best, such as evenings and weekends (not just for the sake of the professionals).		
3.The person and, if needed, his "champion" was present at the meeting.		
4.The person or his "champion" called for and organized the meeting.		
5.The meeting is direct by the person, or his "champion" and not just a professional assigned by the facility to function in that role either by position or authority.		
6.The person's family was present.		
7.The staff that work the most frequently and know him the best were present.		
8.The CSB case manager was present.*		
9.There is a collaborative sharing of ideas about the person, his vision and the priorities to be focused on so that he can experience an integrated life in the community including:		
a.addressing options for community presence		
b.addressing options for community participation		
c.addressing options for increasing the person's valued roles		
d.addressing options for forming relationships		
e.Health and safety issues are addressed.		
f.addressing options for learning in order to expand choices		
10.The use of natural supports is discussed.		
11.The person's preferences and strengths, not their deficits, are the starting place for formulating goals.		
12.The discussion includes items" important to" and "important for" the person.		
13.When reviewing progress, the focus is not what is wrong with the person but have the necessary supports been working as they are designed.		

A PROFILE OF SELF DETERMINATION FOR PERSONS IN VIRGINIA'S TRAINING CENTERS
Residential Setting Observations

Facility: _____ Residential Unit: _____

Observer: _____ Date: _____

Number of staff: _____ Number of Residents: _____	YES	NO	DNO
The residence has a person centered "address"/name.			
General observations of the program and interactions:			
Following your introductory statements with staff, you are introduced to the persons in the residence.			
The group was informed as to the purpose of the visit.			
Person (s) is supported in introducing himself.			
Overall staff interactions include:			
Staff asks the person's permission before sharing information about him or her.			
Staff do not talk to each other about the person in his or her presence.			
Staff communicate in an respectful manner.			
Staff speak to the people involved in an age appropriate tone and manner			
Staff model appropriate behavior they do not tell a person how to behave (Can you shake his hand, Say thank you}			
Staff communicate personal issues, privately.			
Staff use directive not corrective language.			
Staff explain to the person the purpose of any activity before initiating it.			
Staff provides choices.			
Staff honor choices.			
Staff support the person in completing the activity, guiding their hand to accomplish segments of the task, as needed.			
Staff only wear latex gloves when engaged in biohazardous interventions			
Adults do not wear bibs.			
Residents in wheelchairs who need support for mobility are asked which way they want to face when placed at rest			
Residents own a wallet or purse to have with them when going out			
Female residents are supported in wearing makeup /perfume			
The physical environment			
Persons are supported in engaging in familiar routines like:			
having chores (make their bed, take out trash, help with the lawn, etc.)			
helping clean (dust, vacuum, etc.)			
helping to cook (any aspect of food prep, set the table, remove dishes)			
interacting with others (playing cards, singing, etc.)			
Bathroom space allow for maximum privacy, one person at a time.			
Bathrooms have doors.			
Majority of residents have private rooms			
Other Observations:			

								YES	NO	DNO
Name of person receiving services:										
Observation Note:										
								YES	NO	DNO
B. Staff Interactions with the person (Communicating))										
Staff do not speak for the person without first seeking permission to do so on his behalf. This occurs whether the person is capable of responding or not.										
Staff speak to the person in an age appropriate manner and tone.										
Staff maintain eye contact when conversing with the person.										
Staff ask the person's permission to share information about him.										
Staff squat or sit when engaged in a conversation with someone in a seated position.										
Facial expressions of staff are appropriate to the situation and interaction.										
Staff engage in directive conversation (Please close the door).										
Staff engage in casual conversation (It sure is cold outside).										
B. Staff Interactions with the person (Supporting)										
Staff ask the person before supporting them.										
Staff provides the person with choices whether they can respond or not.										
Staff explains to the person why they are engaging in any activity before starting, using as many senses as appropriate. (Training example: getting ready for a bath)										
Staff guide the person's hand to complete an activity not do it for him, example person is eating not being feed.										
Staff celebrate even the smallest accomplishments.										
C. Staff Interactions with the person (Respecting)										
Staff move the person only after asking permission										
Staff are appropriately responsive to a person's request.										
Staff only wear latex gloves when engaged in biohazard related interventions, example -not when fixing a meal in a home.										
Staff support a person to walk not tow them.										
Staff communicate personal issues, privately.										
Staff do not talk about the person in front of him.										
Adults are not made to wear a bib.										
Staff always has the person's hand between their hand and the person's body when meeting intimate personal needs unless it is physically damaging for the person.										
Staff show respect by supporting a person in being well groomed.										
The person has his own bedroom.										

The bedroom door can be closed if the person desires			
Person can decorate the bedroom as he chooses			
The bedroom is a unique expression of the person. His likes and preferences are evident in the space.			
The person has a picture of someone who cares about him or that he cares about in his room			
Residents can have a full or other size bed if desired.			
Residents can decide the placement of his furniture.			

A PROFILE OF SELF DETERMINATION FOR PERSONS IN VIRGINIA'S TRAINING CENTERS
Day Activity Observations

Facility: _____ Date: _____

Number of staff:	Number of Participants:		
Type of work setting:			
General observations of the program and interactions:	**YES**	**NO**	**DNO**
Following your introductory statements with staff, you are introduced to the persons in the day activity program.			
The group was informed as to the purpose of the visit.			
Person (s) is supported in introducing himself.			
Overall staff interactions include:			
Staff explain to the person the purpose of any activity before initiating it.			
Staff provides choices.			
Staff honor choices.			
Staff functions as "coaches" actively engaged with all the people in the program during the course of the activity.			
Staff encourage participation in the activity.			
Staff support the person in completing the activity, guiding their hand to accomplish segments of the task, as needed.			
Staff communicate in an respectful manner.			
Staff use directive not corrective language.			
Staff speak to the people involved in an age appropriate tone and manner			
Staff communicate personal issues, privately.			
Staff model appropriate behavior they do not tell a person how to behave (Can you shake his hand, Say thank you}			
Staff asks the person's permission before sharing information about him or her.			
Staff do not talk to each other about the person in his or her presence.			
Staff only wear latex gloves when engaged in biohazardous interventions			
Adults do not wear bibs.			
Additonal Comments regarding overall observations:			
Name of person receiving services:			
Observation Note:			
	YES	**NO**	**DNO**
B. Staff Interactions with the person (Communicating))			
Staff do not speak for the person without first seeking permission to do so on his behalf. This occurs whether the person is capable of responding or not.			
Staff speak to the person in an age appropriate manner and tone.			
Staff maintain eye contact when conversing with the person.			
Staff ask the person's permission to share information about him.			

Staff squat or sit when engaged in a conversation with someone in a seated position.								
Staff communicate in a respectful manner.								
Facial expressions of staff are appropriate to the situation and interaction.								
Staff engage in directive conversation (Please close the door).								
Staff engage in casual conversation (It sure is cold outside).								
C. Staff Interactions with the person (Supporting)								
Staff ask the person before supporting them.								
Staff provides the person with choices whether they can respond or not.								
Staff explains to the person why they are engaging in any activity before starting, using as many senses as appropriate. (Training example: getting ready for a bath)								
Staff foster independence by encouraging the person to complete the activity on their own, while attending to their vulnerabilities.								
Staff guide the person's hand to complete an activity not do it for him.								
Staff teach instead of correct by supporting the person in performing the task instead of just saying don't.								
Staff celebrate even the smallest accomplishments.								
D. Staff Interactions with the person (Respecting)								
Staff move the person only after asking permission								
Residents in wheelchairs who need support for mobility are asked which way they want to face when placed at rest								
Staff are appropriately responsive to a person's request.								
Staff support a person to walk not tow them.								
Staff communicate personal issues, privately.								
Staff do not talk about the person in front of him								
Staff model appropriate behavior they do not tell a person how to behave (Can you shake his hand, Say thank you to the nice person).								
Staff show respect by supporting a person in being well groomed.								

OIG Training Center Study Direct Care Staff Interviews

Facility _____ **Date:** _____

Interviewer: _____

Person Receiving Services:

1. Tell me one thing that is important for our team to know about (person's name).
2. Name two decisions that are regularly made by (person).
3. Name two decisions he or she could make with adequate support.
4. Name 2 activities that (person) is involved in on a regular basis that are important to him or her.
5. Name 2 activities that (person) is involved in on a regular basis that are important for him or her.
6. Name 2 goal or more goals on (name) current ISP that is designed to increase or enhance his or her community connections.
7. Who would you say is (person's) best friend?
a. where does the best friend live?
b. How do you know this?
8. How many hours have you spent with this person in the past week?
a. How many of those hours involved being with the person outside of the facility, in the community?
9. Is there a staff member who is generally recognized as knowledgable about (person's) ? If so, who is that person and what is his or her position?
10. Is there a staff member who is generally recognized as knowledgable about (person's) ? If so, who is that person and what is his or her position?

	Yes	No
11. I have met all the professionals that are on the planning team that also work with the persons I support.		
12. I have an understanding of how all the members of the planning team individually support the people I serve.		
13. I have a valued role on the planning team for the persons I support.		
14. I am encouraged and supported in attending planning team meetings to share ideas and contribute to the goals and objectives established for the persons I support.		
15. I have been asked to assist in the development of the individualized support plans for the persons I support even if I am unable to attend the meetings.		